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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

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TOTAL PAGES IN ENTIRE CLAAREFORT

INSTRUCTIONS: Please type or print legibly IN BLACK INK all Information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes ₩ No COMMITTEE INFORMATION Check if this is a new name 1. Full Name of Committee (as on Statement of Organization) 2. Acronym or Abbreviated Name (If any) 3. Committee Telephone Number BROOP 317) 377 4376 Check if this is a new address 4. Mailing Address (address where all campaign finance correspondence is received) 44 E. Ztu St. trainmappes IN 46220 6. Party Affiliation (If applicable) 5. City, State, ZIP Code Republican Indianapolis, IN AND AND RESIDENCE FOR COndition of Committees and s 7. Full Name of Candidate (include any nickname) 8. Party Affiliation or If Independent Candidate 10. County of Residence 9. Affice Sought (Include district number, if any. Not required for exploratory committee.) CONTROL OF CAMERIAN PROCESS Check one: 11 Check one: Pre-Convention Pre-Primary Pre-Election Annual Nomination Other Post-Convention Final/Disbands Committee (lines 18, 19, and 20 must be "0") Utgoing Treasurer (within 10 days amend Statement of Organization) COLUMNIC 12. Reporting Period: Your by Date Through: 12/31/10 1/1/10 From: 13. Cash on hand and investments at the beginning of this reporting period. \$ 0 \$ 305 14. Cash on hand and investments January 1, current year. (Note: these amounts include in-kind contributions and loans, as well as each contributions.) 150.00 15e, itemized (use Schedule A) 276.33 15b. Unitemized SUBTOTAL 426.33 15cirAdd lines 15a and 15b in both columns 305 16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B TOTAL ALL NOT THE (Note; These amounts include in-kind expenditures and loan repayments.) Ø_ 17a, itemized (use Schedule B) (Public Question; use Schedule C) 17b Uniternized SUBTOTAL 0 17c. Add lines 17a and 17b in both columns 305 18 Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns) TOTAL 426.33 O 19, Debts OWED BY the committee (use Schedule D) 0 20, Debts OWED TO the committee (use Schedule E)

FOR OFFICE USE ONLY

CERTIFY THAT I HAVE EXAMINED THIS STATEMENT, TO THE BES	T OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE.
Signature of Treasurer	Title Treosurer	Date 1119111
Signature of Candidate (If applicable)	•	Date

WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who falls to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

F) E NUMBER					
Page	of				

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP (sode)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT YES PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE REGISTRED RECEIVED BY
SHEILA CARLISLE	Contributions: Direct In-Kind (describe)	\$ 35	·	ાઝાહા
	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				
2.	Contributions:			
	In-Kind (describe)			
ADAM H. BERNY 44 E. 707H ST.	BEVERAGES	\$43.50		12/16/16
1 INDIAM MYORIS, IN YERRO	Other Receipts: Interest Loan Misc. (specify)			
Contributor's Occupation (if required)				**
3.	Contributions:			
	Direct	-		
	In-Kind (describe)			
ed.	Other Receipts:			
NACCO	☐ Interest ☐ Loan ☐ Misc. (specify)			a re d
	Misc. (specify)			
Contributor's Occupation (if required)	Contributions:			
***	Direct			
	In-Kind (describe)			
Con	Other Receipts:			- NAS-25 - 111-000-1
	Interest Loan			
	Misc. (specify)			
Contributor's Occupation (if required)				
5. ° · · · · · · · · · · · · · · · · · · ·	Contributions:			
	In-Kind (describe)		ļ	
ida Jā	Other Receipts: Interest Loan			
	Misc. (specify)	,		
Contributor's Occupation (if required)	-			
SUBTOTAL *	THIS PAGE OF SCHEDULE A	\$ 78.50		
TOTAL OF ALL PAGES OF SCHEDULE . (Enter total on ITE)	A ON THE LAST PAGE ONLY	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	CO: UMN B	DATE
	FULL MATING ADDRESS (street, number, city, state, ZiP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUNULATIVE YEAR-TO-DATE	RECEIVED BY
1.		Contributions: Direct In-Kind (describe)			
₹å.		Other Receipts:			
		Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			1MS
Sec. 1		Other Receipts: Interest Loan Misc. (specify)			5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -
3.400 (1)		Contributions: Direct In-Kind (describe)			
en e		Other Receipts: Interest Loan Misc. (specify)			
4. (2.7)		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)		,	1 to
5. (1) (A.C.)		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
	SURTOTAL	THIS PAGE OF SCHEDULE A	\$ 0		
	TOTAL OF ALL PAGES OF SCHEDULE		\$ O \$		



(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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	CONTRIBUTOR'S FULL NAME AND FULL MARING ADDRESS (street, number, city, state, 737 code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1:		Contributions: Direct In-Kind (describe)			
		Other Receipts: Interest Loan Misc. (specify)			
2.		Contributions: Direct In-Kind (describe)			
BASTA Bester of Links Links		Other Receipts: Interest Loan Misc. (specify)			7
3. (Contributions: Direct In-Kind (describe)			
jacon		Other Receipts: Interest Loan Misc. (specify)			ŞV4.
4.	-	Contributions: Direct In-Kind (describe)			40 y
2		Other Receipts: Interest Loan Misc. (specify)			
5.		Contributions: Direct In-Kind (describe)			
Till 6 gill 1 Mer Mill 19		Other Receipts: Interest Loan Misc. (specify)			
		THIS PAGE OF SCHEDULE A	\$ O		
***	TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITE	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet)	\$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUWN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-FO-DATE	DATE RECEIVED BY
KEELE FOR JUDGE ComMITTEE	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan	\$ 35		1416/10
	Misc. (specify)	•		
CLARER LOGICAS FOR JUDGE Committee	Contributions: Direct In-Kind (describe)	{5 5		12/16/10
WSTF at the property of the pr	Other Receipts: Interest Loan Misc. (specify)			
WASHINATON TOWNSHIP GOPCLUB 4548 Sylvan Pd	Contributions: Direct In-Kind (describe)			12/17/10
1 N di anapolis, IN 46228	Other Receipts: Interest Loan Misc. (specify)	4 2º		
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			-
Section 1	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Misc. (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 75.170		
TOTAL OF ALL PAGES OF SCHEDULE	i i	\$ 百120 \$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZiF code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULA TVE YEAR-TO-DATE	DATE RECEIVE D RECEIVED SY
1. STURGILL LAW FIRM 7021 WARWICK RD	Contributions: ☑ Direct ☐ In-Kind (describe)	\$ 150		12/16/16
INDIAWAPORIS, IN 46220	Other Receipts: Interest Loan Misc. (specify)			
STURGICE LAW FIRM 7021 WARNICK RD	Contributions: Direct In-Kind (describe)	\$ 77.83		12/16/10
1888 Indianopolis, IN 46220 1889 1 1889 1 1889 1	Other Receipts: Interest Loan Misc. (specify)			
	Contributions: Direct In-Kind (describe)			erigin in
. Note:	Other Receipts: Interest Loan Misc. (specify)			
4.	Contributions: Direct In-Kind (describe)			
Sept.	Other Receipts: Interest Loan Misc. (specify)			
5. 	Contributions: Direct In-Kind (describe)			
400 	Other Receipts: Interest Loan Misc. (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A A ON THE LAST PAGE ONLY A 15a of the Summary Sheet)	\$ 227.83 \$		



State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

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RECIPIENTS (street, n	NAME AND MARING ADDRESS number, city, state, ZIP gade)	REOPEN'S OCCUPATION OFFICE SOUGHT (Fuppiicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT TH PERIOD		DATE OF EXPENDITURE
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Oder Coder USA			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code			Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
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	TOTAL OF ALL DA	GES OF SCHEDULE B ON THE		\$ 0		
46.1 (#)	TOTAL OF ALL PA	(Enter total on ITEM 17a of ti	he Summary Sheet)	\$		



State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

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PUBLIC QUESTIO	NINFORMATION		The second desired and	
Enter Text of Public Question				
· · · · · · · · · · · · · · · · · · ·				
Type of Question: Statewide Local Position: Supported Opposed				
RECIPIENT'S NAME AND HARLING ADDRESS BECKPENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMNA	COLUMNS	DATE OF
Street, number, city, state, ZP code	and PURPOSE (he specific)	AMOUNT THIS I	CUMULATIVE YEAR TO DATE	EXPENDITURE
Code	☐ Direct ☐ In-Kind			
- 10	Payment of Debt Returned Contribution			
	Other			:
	Purpose:			
	☐ Direct ☐ In-Kind '			
Code	Payment of Debt			
	Returned Contribution Other		:	
	Purpose:			
	☐ Direct ☐ In-Kind			
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Fyr. 2	Direct In-Kind			
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(Enter total on ITEM 17a of t	he Summary Sheet) 4	,		



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REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05) Indiana Election Commission (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME 8 MAILING ADDRESS (street, number, city, state, ZIP code)	: Endorser's or vendor's : Name & Halling Address (fany) (street, cumbor, chy, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEET INCURRED	COWELATIVE PAID YEAR-TO-DATE	OUVSTANDING BALANCE THIS PHILIDO
					i
LENDER'S OCCUPATION:					
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TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet)				\$ 6	



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

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BORROVER'S NAME & MALING ABDRESS (Street, number, city, state, ZIP code)	CC-Signen's Kame 2 Haling Address (Forg) (Street, Musiker, Sty., State, Zip code)	ORIGINAL AMOUNT	DATE DEST ENGURRED	COMULATIVE PAID YFAR-10-DATE	Cutstarding Balance this Period
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8:	SUBTOTAL THIS PAGE OF SCHEDULE E				\$ 0
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